

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUL 23 PM 2:55

DOCUMENT # 714291

1. Corporation Name

WAINWRIGHT POST NO. 2185  
VETERANS OF FOREIGN WARS OF THE  
UNITED STATES INC.

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

700133354877  
07/23/08--01027--002 \*\*297.50

05/21/07 01023 013 \$122.50

**REINSTATEMENT 06-08**  
CR2E08T (12/07)

2. Principal Office Address - No P.O. Box #

2136 SHERMAN AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

2136 SHERMAN AVE

Suite, Apt. #, etc.

City & State

PANAMA CITY FL.

Zip

32405

Country

US

City & State

PANAMA CITY FL.

Zip

32405

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59 0732976

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FREDERICK A. KAISER

Street Address (P.O. Box Number is Not Acceptable)

5108 MARLA DR.

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32404

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Frederick A. Kaiser*

REGISTERED AGENT MUST SIGN

Date 14 July 08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LINDIAN STEELE	2136 SHERMAN AVE.	PANAMA CITY FL. 32405
T	FREDERICK KAISER	5108 MARLA DR.	PANAMA CITY FL. 32405
V	ANTONIO ORONA	2136 SHERMAN AVE.	PANAMA CITY FL. 32405
T	MATTEW TRUKOSITZ	2136 SHERMAN AVE.	PANAMA CITY FL. 32405
T	STEVE ZIDZIK	2136 SHERMAN AVE.	PANAMA CITY FL. 32405
MN/23			

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Frederick A. Kaiser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 14 July 08 Daytime Phone # 850-769-6291